



GEORGIA DEPARTMENT OF AGRICULTURE
Consumer Protection Field Forces
Capitol Square, Room 306
Atlanta, Georgia 30334

THOMAS T. IRVIN
COMMISSIONER

Georgia Department of Agriculture
Organic Processor, Handler, Distributor Registration Application
☐ New ☐ Renewal

Name of Firm: _____
Facility physical address: _____
City: _____ Zip code: _____
Mailing Address: (if different) (P.O. Box number) _____
Contact Person: _____
Telephone number: _____ e-mail: _____
Type of business: ☐ Processor ☐ Handler ☐ Distributor
List organic products and amounts processed, handled, distributed or sold as
organic, or certified as organic:

Product	Amount Processed	Amount Handled	Amount Distributed

Certification organization(s) or government entities certifying these product(s)
(if any):

Name	Address
A.	
B.	
C.	
D.	

Enclose a completed copy of your organic production or handling system plan that has been agreed to by you and your certifying agent.

Enclose a copy of your current organic certificate.

Annual Gross sales or revenue from processing/handling or distributing organic
food products at this facility: _____.

A registrant must apply annually to renew the registration unless no longer
engaged in the activities requiring the registration.

This registration will expire on the last day of December of the year issued.

NOTE: YOU MUST NOTIFY THE GEORGIA DEPARTMENT OF AGRICULTURE IMMEDIATELY OF ANY CHANGES IN THE ABOVE INFORMATION.

Mail Application To:
Ga. Dept. of Agriculture
19 M.L.K. Jr. Dr., Room 306
Atlanta, Georgia 30334

Owner/ Corporate Officer (PRINT)

Owner / Corporate Officer Signature only

Title

For Office Use Only

Date Application received: ____/____/____

Registration No.: _____

Application Approved By: _____
Organic Program Manager

Date: ____/____/____

Rev 10/2003

For More Information, Please Contact:

Vernon Mullins, Organic Program Manager
Georgia Department of Agriculture
Phone: (706) 595-3408
E-mail: vmullins@agr.state.ga.us